



Special points of interest:

- New Task Forces—Are you interested?
- Website Launch www.waterloowellingtondiabetes.ca
- Patient Survey and Focus Groups—We need your help
- A Closer Look at the Central Intake Process
- Strategies to Address At-Risk Populations

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Diabetes & YOU Take Charge Expo

In partnership with the Canadian Diabetes Association the RCC was happy to present the Diabetes & You Take Charge Expo on November 12th in Kitchener.

It was an exciting event for patients and providers alike. Dr. Ian Blumer presented the top ten suggestions to get the most out of your doctor's visit.

Debbie Hollahan provided an overview of the RCC and an expert panel consisting of Dr. Nadira Husein (Endocrinologist), Sarah MacIver (Optometrist), Sarah Ferguson (Chiropodist) and Jessica Walters (Dietitian, CDE) fielded a number of questions from the audience.

Insights Discovered

Voices Heard Care Delivered

Voices Heard

Lives Changed

Gratitude Expressed

Connections Made

Numerous exhibitors provided information on diabetes products and services in the region.

"The diabetes expo provided a safe environment for people to learn more about diabetes and collect valuable community resources. I hope to see more communities able to host a patient friendly diabetes expo in the future."

Sarah Micks, RN, CDE

WE NEED YOUR HELP!

In order to complete our environmental scan of the diabetes care in the region we need to hear from patients. Please post and distribute the attached INFOBulletin to your population. Thank You!



A Look at 2012 Initiatives

As we move into 2012 we are continuing to work on central intake, promoting best practices, supporting self management and improving care pathways in the region.

To this we will be adding a couple more areas of focus. We are planning to take a closer look at foot care education and management, mental health resources and part-

nerships, and increasing awareness and best practices in the long-term care setting along with inpatient management.

To do this we will again be looking for support from healthcare professionals in the region to help identify gaps and solutions.

If you are interested in participating, please contact Sarah at sarahc@langs.org.

Stand up to Diabetes



Mentoring New Diabetes Educators

The mentoring program was developed by the Waterloo-Wellington Diabetes Regional Coordination Centre (RCC) through an educational grant from Novo Nordisk to build the knowledge, skill and judgment of new CDE staff to manage more complex diabetes patients while gaining the ability to initiate and adjust insulin therapy to reach CDA 2008 CPG targets.

In the past few years, the Ministry of Health and Long Term Care (ministry) have provided funding to support diabetes educators (nurse and dietitian) in community organizations to create accessible diabetes care. As a result, many new diabetes educators have been hired and given appropriate education, but have not had the opportunity to gain knowledge from experience, as they often do not have exposure to endocrinologists or experienced staff. With the increasing prevalence of diabetes, community diabetes programs are expected to take on more complex diabetes cases.

Program Objectives:

- To enhance the skill level of entry level diabetes educators to care for more complex patients within the community program
- To support community programs in initiating and titrating insulin on people with diabetes
- To create sustainable qualified diabetes educators for complex care

Funding was received the beginning of September 2011, and soon after, an experienced certified diabetes educator, Wendy Graham, was hired as a mentor for the program.

Rather than developing a specific agenda for the mentoring, it was decided to start the mentoring with an open agenda, focusing on the needs of each individual educator. The number of sessions per staff member is based on their experience, knowledge, skill-set and willingness to continue. This approach reflects adult learning principles, assessment of readiness to learn, principles of motivational interviewing, and empowerment. This ap-

proach also mirrors the concepts of diabetes education, which enhances and reinforces their learning through demonstration.

Over the sessions a few of the topics discussed included:

- how to effectively review blood glucose log books
- recognition of blood sugar patterns
- hypoglycemia in the elderly
- nocturnal hypoglycemia and required insulin adjustment
- insulin action profiles
- teaching techniques using alternative teaching tools
- use of open ended questioning in assessment

Comments include:

"It really helps my confidence in what I do every day."

"All the ideas of teaching tools and different ways to teach the same topic is really helpful."

"Giving me an example of the way to pose the question to get the patient talking was really helpful."

"I didn't know how to handle some of the questions the client asked. I learned a lot just from having the mentor provide the answers."

What is the Take Charge Workshop?

A free 6 week group session for people with diabetes, arthritis, chronic pain, depression, anxiety or any other ongoing health problem.

Learn how to set goals and get positive results, manage your emotions, be more active and eat healthier, manage medications and make decisions about your treatment.

- Group sessions of 10-18 participants
- 2 1/2 hours per week for 6 weeks
- Co-led by Peer Leaders with chronic health conditions

For more information or to register call 1-866-337-3318

Email: selfmanagement@langs.org

Calendar of Events

www.waterloowellingtondiabetes.ca/calendar-of-events.htm

Website Launch Announcement

www.waterloowellingtondiabetes.ca

This resource is for people and families living with diabetes and for healthcare professionals working in diabetes. The aim of this website is to help individual's navigate the system and access the appropriate services and resources.

You will find useful tools to download and links to other useful diabetes resources such as diabetes news and research, education opportunities and community based services (optometrists, diabetes programs, foot care, dental, etc...)



Central Intake Evaluation of Pilot Project

Vision

The vision of the project is to develop a streamlined system for referral to a diabetes education program in Waterloo-Wellington for easy system navigation for individuals with diabetes and health care providers.

Objectives:

- To develop a central intake with one common physician referral form and a self-referral form
- To develop a model of care with clear definition of the roles of each diabetes program
- To identify triage criteria to improve access to the appropriate care
- To develop standard wait-times for education
- To provide timely access to information regarding the status of referrals (pending, booked, complete, reported) for primary care providers and patients
- To monitor wait-times of programs
- To help build and maintain capacity of diabetes education programs
- To standardize data collection in order to improve quality, monitor outcomes and implement appropriate changes

The purpose of the pilot project was to develop and evaluate a central intake process for diabetes education referrals, with a small number of high-referring physicians with the intent to:

- Trial the common referral form
- Evaluate the triaging criteria
- Develop a centralized Excel data-base for effective data-collection
- Identify types of data to assist with system and program planning

Several meetings were arranged to discuss and develop a common referral form for the region. Stakeholders from all programs in the Kitchener/Waterloo and Cambridge area took part in the discussion. A draft was developed and circulated for review.

The first draft of the form was then distributed to three physicians in the area in order to pilot the form and central intake process.

Included on the form is a section for insulin initiation and adjustments. It has to be completed by the physician in order for the allied healthcare provider to provide these services.

This section meets the requirements of the various colleges as a direct order as it is patient specific and contains the right dose and time of medication to be started or adjusted. This option was felt to be more sustainable as it does not require the physicians to review and sign off on medical directives once a year.

To supplement the referral form, an insulin initiation and adjustment form was developed. It contains all the available insulin therapies on the market along with a space to indicate doses and allow for adjustments. This form not only allows the provider to suggest and receive orders but can also be used as an education tool. This form was developed to mirror the insulin prescription pad developed by the college of family physicians and surgeons.

The form is available in hard copy and electronically for upload into the practice solutions electronic medical record system.

Central Intake Update (Nov 30th, 2011)

- # of Referrals – **556** (288 F, 268 M)
- # of Referring Primary Care Providers – **37**
- Average A1c at Referral – **8.33**
- # of offices requesting form for EMR - **10**



Standards for Access to Diabetes Education

Urgent (within 48 hours)

- Uncontrolled Diabetes (BG>20 , Ketonuria >1.5)
- Newly Diagnosed Type I Diabetes
- Pregnancy with pre-existing Diabetes
- Recent treatment for DKA/HHS
- Crisis that drastically affects individuals ability to manage their diabetes
- Inpatients or ER admission (while in hospital)
- ER discharge follow up

Urgent (within 1-2 weeks)

- Gestational Diabetes/IGT in pregnancy
- Inpatient discharge follow-up
- Steroid Induced Diabetes

Non-Urgent (2-4 weeks)

- Pre-diabetes
- Type 2 Diabetes
- Established diagnosis-Type 1 Diabetes
- Type 2 insulin initiation

Based on the Canadian Diabetes Association Standards for Diabetes Education in Canada 2009, Structure Standard 1.3, pg. 9; Consensus from Waterloo-Wellington RCC Steering Committee June 9, 2011.



Stand up to Diabetes

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A 2008 analysis of Ontario-wide data over a 7 year period found that 20% of women with GDM go on to develop T2D over 9 years; authors note that GDM is increasing and that women in the study who delivered later (1999-2001) have developed T2D sooner as compared to those who delivered earlier (1995-1996) suggesting that the problem is worsening.*

Strategies to Address At-Risk Populations

Gestational Diabetes Planning

In the Waterloo-Wellington region identification of high risk communities and strategies to address diabetes care for high risk populations has included a variety of approaches; including environmental scans, stakeholder meetings and a review of literature.

Through collaboration and education of health care providers and diabetes program planners activities have been planned and executed to identify gaps in services for those at risk, and to enhance the services being offered.

Findings from this region showed, there was no consistency in the management of gestational diabetes in the Waterloo-Wellington region, and was identified as a concern from many of the diabetes specialists in the region.

As a result, one of the first initiatives undertaken was to review the current care pathway for patients with gestational diabetes.

In November key opinion leaders across the region consisting of Diabetes Nurse Educators, Dietitians, Midwives, Obstetricians, Family Physicians, Nurse Practitioners, and Specialists met to review the current pathways, post-partum focus group findings and the impact of new guidelines. Discussion was had to identify gaps and solutions.

Next Steps:

- Continue with post-partum focus groups in other regions
- Preliminary pathway and solutions to gaps to be presented at next meeting
- Meeting in February

Multiple studies have linked prenatal exposure to GDM with a higher risk for development of several conditions later in life; most notably overweight/obesity and T2D, in addition to potential delays/impairment to neurological function.*



Upcoming Events:

Gestational Diabetes Pathway Advisory Panel—Meeting #2
If interested in participating, please contact Sarah at sarahc@langs.org

Wednesday, February 29th, 2012
6:30PM-9:00PM
Location: Bingeman's

Supporting Self Management with Michael Vallis, Ph.D.

Thursday, March 22nd and Friday, March 23rd
Locations: TBD

To Register 1.866.337.3318 or selfmanagement@langs.org
Registration Fee: \$75.00
Accredited by the College of Family Physicians of Canada and the Ontario Chapter for up to 9.5 Mainpro-M1 credits

Getting to the Business Side of Running Your Diabetes Program

Wednesday, April 18th, 2012
8:30AM—3:30PM
Location: TBD

- Marketing 101
- How to Use Social Media to Engage Your Clients
- Evaluating Your Programs to Increase Traffic
- Finding your “Niche”

Beyond Glycemic Control—Chronic Disease Management in Your Practice

Wednesday, May 30th, 2012
8:30AM—3:30PM
Location: TBD

For healthcare professionals interested in learning more about lipids, hypertension, diabetes and much more. Contact Kim at kimb@langs.org for more info

*Khangura S, Grimshaw J, Moher D. What is known about postpartum intervention for women with gestational diabetes mellitus? Ottawa Hospital Research Institute; March 2010